

1478

MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth *Miami*
(Registration District)

County *DeLa*

No.

St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<i>Male</i>			
DATE OF BIRTH* <i>April - 13 - 1913</i>			
(Month) <i>13</i> (Day) <i>1913</i> (Year)			
FULL* NAME	FATHER <i>Parley Wilkins</i>		
FULL* MAIDEN NAME	MOTHER <i>Emma Dean Hayes</i>		

I HEREBY CERTIFY that the child described herein
has been named

Wane Wilkins
(Give name in full) (Surname)

Ethel Kelly
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 7/11/40

662-413-582

9/10